PTO/SB/22 (09-06)
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### Common Commo	Onder the Paperwork Reduction Act of 1995, no persons are required to respon	d to a collection	of information unless if	displays a valid ON	IB control number.	
Application Number 10/602,562-Conf. #8041 Filed June 24, 2003 For METHODS FOR PREVENTING AND TREATING MICROBIAL INFECTIONS BY MODULATING TRANSCRIPTION FACTORS Art Unit 1655 Examiner K. C. Srivastava This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)			
For METHODS FOR PREVENTING AND TREATING MICROBIAL INFECTIONS BY MODULATING TRANSCRIPTION FACTORS Art Unit 1655 Examiner K. C. Srivastava This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 \$ Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$1020 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 March 8, 2007 Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		R. 4818).)	Cited	luna 24, 26	.02	
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Fee Small Entity Fee Shall	identified application.	·	_			
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FEE TRANSWITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1020.00 Atomey Docket No. PAZ-190 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order No. PAZ-190 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order No. PAZ-190 METHOD OF PAYMENT (check all that apply) Charge fee(s) indicated deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Calculation X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Calculation X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Calculation X Credit any overpayments FEE CALCULATION 1. BASIC FILING FEES FILING FEES FILING FEES FILING FEES FILING FEES SEARCH FEES EXAMINATION FEES FEE (\$) Fee (\$) Fee (\$) Fee (\$) Small Entity Application Type Fee (\$)	Effec	ctive on 12/08/2004			Com	plete if Know	n		
Pirit Named Inventor	Fees pursuant to the Consoli	idated Appropriation	ons Act, 2005 (H.R. 4818).	Application Nur	nber ´	10/602,562-Co	nf. #8041	f. #8041	
Pirit Named Inventor	FEE TR	FEE TRANSMITTAL Filing Date			June 24, 2003				
Application Type Fee (s) Fee (First Named Inv	entor !	Michael N. ALEKSHUN			
METHOD OF PAYMENT (check all that apply) Check		1 1 200	<u> </u>	Examiner Name	ł	K. C. Srivastava			
Ccheck Credit Card Money Order None Other (please identify):	Applicant claims sn	nall entity status.	See 37 CFR 1.27	Art Unit	1	1655			
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	TOTAL AMOUNT OF PA	AYMENT	(\$) 1020.00	Attorney Docket	No.	PAZ-190			
X Deposit Account Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP	METHOD OF PAYME	NT (check all t	hat apply)		•				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee (ee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments Extra Claims Credit and 1.17 Credit X Credit any overpayments Credit Credit X Credit	Check Credit	Card N	Ioney Order No	ne Other (please identi	ify):			
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any overpayments Tele CALCULATION	For the above-ide	entified deposit a	account, the Director is	s hereby authorize	ed to: (chec	k all that apply)			
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Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 700 100 Multiple dependent claim over 3 (including Reissues) 700 100 Multiple dependent claim set 7 (including Reissues) 700 100 Multiple dependent claim 5 Fee (\$) 5 Fee Paid (\$) 700 100 Indep. Claims	Application Type				Fee (\$)		Fees P	aid (\$)	
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(Attomey/Agent) 43,270 Telephone (617) 227-7400	SUBMITTED BY	1	p*						
	Signature	lu- 5/1			43,270	Telephone	(617) 227	7-7400	
	Name (Print/Type) Megan	E/Williams				Date	March 8,	2007	